Position Description

Read each heading carefully before proceeding. Make statements simple, brief, and complete. Be certain the form is signed.						
Send the original to the Office of Personnel Services. CHECK ONE: NEW POSITION X EXISTING POSITION						
Part 1 - Items 1 through 12 to be completed by department head or personnel office.						
1. Agency Name 9. Position No		10. Budget Program Number				
Department for Children and Families K0077517		27100				
2. Employee Name (leave blank if position vacant)		11. Present Class Titl Senior Administrati	e (if existing position)			
3. Division	12. Proposed Class T					
Family Services						
4. Section		13. Allocation				
	evention and Protection Services					
5. Unit	Use			Position Number		
6. Location (address where employee works)	Ву	15. By	Approved	1 (dilloci		
City Topeka County Shawnee 7. (circle appropriate time)	Dargannal	16. Audit				
Full time X Perm. X Inter.	Personnel	Date:	Ву:			
Part time Temp. %		Date:	By:			
8. Regular hours of work: (circle appropriate time)	Office	17. Audit				
		Date:	By:			
FROM: 8:00 AM /PM To: 5:00 AM/ PM		Date:	By:			
PART II - To be completed by department head,	personnel office	or supervisor of the p	osition.			
18. If this is a request to reallocate a position, briefly describe the reorganization, reassignment of work, new function added by law or other factors which changed the duties and responsibilities of the position:						
19. Who is the supervisor of this position? (person who assigns work, gives directions, answers questions and is directly in charge) Name Title Position Number						
Leslie Hale	APS Program	n Manager	K0044631			
Who evaluates the work of an incumbent in this position? Name Title Position Number						
Leslie Hale	APS Program Manager		K0044631			
20. a) How much latitude is allowed employee in completing the work? b) What kinds of instructions, methods and guidelines are						

20. a) How much latitude is allowed employee in completing the work? b) What kinds of instructions, methods and guidelines are given to the employee in this position to help do the work? c) State how and in what detail assignments are made.

This position supports the clerical operations of multiple units within Prevention and Protection Services. Units supported include Adult Protective Services, permanency Services and General Operations which include back up duties as the receptionist for two divisions. There is daily contact with all levels of professional staff within DCF, other agencies, and key stakeholders.

21. Describe the work of this position using the page or one additional page only. (Use the following format for describing job duties):

What is the action being done (use an action verb); to whom or what is the action directed (object of action); why is the action being done (be brief); how is the action being done (be brief). For each task state: Who reviews it? How often? What is it reviewed for?

Number Each Task and Indicate Percent of Time and Identity each function as essential or marginal by placing an E or M next to the % of time for each task. Essential functions are the primary job duties for which the position was created and that an employee must be able to perform, with or without reasonable accommodation. A marginal function is a peripheral, incident of minimal part of the position.

No. Each Task and Indicate Percent of Time	E or M	
1. 40%	Е	Completes APS Adult Abuse Registry checks by processing requests and providing notification of finding or any other needed follow up to persons or agencies requesting the registry checks.
2. 20%	Е	Assist Adult Protective Service (APS) Program Manager by recording, maintaining, and distributing meeting notes for all APS unit meetings and stakeholder meetings. Tasks include preparing agendas and materials in accordance with established practices. Assists with preparations for trainings including training folders, making copies. Assist with tracking of any APS Concurrences. Follow through with mailing responses to those who have made reports to Kansas Protection and Reporting Centers concerning abuse, neglect or exploitation of vulnerable adults. Tasks include but are not limited to opening mail, researching data base, updating project planner, recording notes, forwarding notes, use of email and general filing duties.
3. 20%	E	Assist Permanency Services Program Manager with general clerical functions and assisting in processing tuition waivers. Duties include, but are not limited to, researching information using FACTS and other data systems, preparing documents, filing and archiving. Archiving to include adoption records. Prepares material for staff per instructions, files legislative bills, and faxes information as instructed.
4. 10%	E	Collects and distributes mail in a centralized mail processing and distribution center. Operates electronic mailing systems to process building and interoffice mail, and all classes of federal mail. Screens and refers callers; provides detailed responses to information requests and questions about programs and activities. Relays important instructions and messages to staff.
5. 10%	Е	Other miscellaneous clerical as assigned by Director of PPS, APS Program Manager or the Permanency Program Director in support of PPS operations. Including answering phone calls coming into the main PPS number. As needed, provide coverage of phones for DCF Executive.

^{22.} a. If work involves leadership, supervisory, or management responsibilities, check the statement which best describes the position:

^() Lead worker assigns, trains, schedules, oversees, or reviews work of others.

^() Plans, staffs, evaluates, and directs work of employees of a work unit.

() Delegates authority to carry out work of a unit to subordinate supervisors or managers.
 b. List the names, class titles, and position numbers of all persons who are supervised directly by employee on this position. Name Title Position Number
N/A
 23. Which statement best describes the results of error in action or decision of this employee? () Minimal property damage, minor injury, minor disruption of the flow of work. (X) Moderate loss of time, injury, damage or adverse impact on healthy and welfare of others. () Major program failure, major property loss, or serious injury or incapacitation. () Loss of life, disruption of operations of a major agency.
Please give examples.
24. For what purpose, with whom and how frequently are contacts made with the public, other employees or officials?
Daily contacts with all levels of Prevention and Protection Services staff, DCF staff, staff from other agencies, key stakeholders, the media, and general public.
25. What hazards, risks or discomforts exist on the job or in the work environment?
Dealings with angry and hostile individuals over the telephone may occur from time to time. The work environment involves normal everyday hazards or discomforts typical of offices, meeting, and training rooms. Some discomfort s that may be experienced are fatigue from prolonged sitting, possible eye strain from use of computer monitor and stress from imposed deadlines.
26. List machines or equipment used regularly in the work of this position. Indicate the frequency with which they are used:
 Used daily: Personal computer with state access for state data systems Internet and e-mail
Fax machineCopier
• Calculator
• Telephone
PART III - To be completed by the department head or personnel office

27. List the minimum amounts of education and experience which you believe to be necessary for an employee to begin employment in this position.

One year experience in general office, clerical and administration	rative support work.				
Education or Training - special or professional					
Licenses, certificates and registrations					
Special knowledge, skills and abilities					
Experience - length in years and kind Knowledge of or experience with PPS programs Knowledge of or experience PPS/APS data systems Experience preparing agendas, taking minutes at meetings, and composing drafts of proceedings					
28. SPECIAL QUALIFICATIONS State any additional qualifications for this position that are necessary either as a physical requirement of an incumbent on the job, a necessary special requirement, a bona fide occupational qualification (BFOQ) or other requirement that does not contradict the education and experience statement on the class specification. A special requirement must be listed here in order to obtain selective certification.					
Signature of Employee Date	Signature of Personnel Official Date Approved:				
Signature of Supervisor Date	Signature of Agency Head or Date Appointing Authority				